
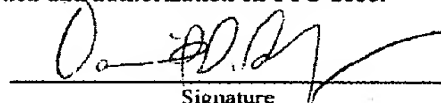


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 740105-78							
CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to, Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 877-9306, on <u>June 2, 2004</u> . Signature: <u></u> Name: <u>K.M. McManus</u>		In re Application of Gerd M. MÜLLER et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number 09/938,533</td> <td style="padding: 2px;">Filed 08/27/2001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For AT LEAST PARTIALLY IMPLANTABLE HEARING SYSTEM</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 3736</td> <td style="padding: 2px;">Examiner J. M. Foreman</td> </tr> </table>		Application Number 09/938,533	Filed 08/27/2001	For AT LEAST PARTIALLY IMPLANTABLE HEARING SYSTEM		Group Art Unit 3736	Examiner J. M. Foreman
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner.									
The fee for this Notice of Appeal is (37 CFR 1.17(b))		\$330.00							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$_____							
<input type="checkbox"/> A check in the amount of the fee is enclosed.									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.									
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-2380(740105-78). I have enclosed a duplicate copy of this sheet.									
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
I am the		<u></u> Signature							
<input type="checkbox"/> applicant/inventor.									
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
<input checked="" type="checkbox"/> attorney or agent of record		<u>David S. Safran</u> Typed or printed name							
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		<u>June 2, 2004</u> Date							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
<input type="checkbox"/> *Total of _____ forms are submitted.									

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